FORM D

RECENSED

2006

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1263929

OMB APPROVAL
OMB Number: 3235-0076

Expires:

Estimated average burden



| ULOE PROCESSED AUG U 9 2003 THOMSON FINANCIAL |
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| AUG 0 9 2008 |
| AUG 0 9 ZIIIS THOMSON FINANCIAL |
| THOMSON E FINANCIAL |
| Financial |
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| elephone Number (Including Area Code) 7) 969-5252 |
| felephone Number (Including Area Code) |
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| specify): |
| 1 Delaware |
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| etion 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| otice is deemed filed with the U.S. Securities or, if received at that address after the date on |
| |
| ned. Any copies not manually signed must be |
| name of the issuer and offering, any changes a Parts A and B. Part E and the Appendix need |
| |
| of securities in those states that have adopted ities Administrator in each state where sales |
| exemption, a fee in the proper amount shall Appendix to the notice constitutes a part of |
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Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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filing of a federal notice.

| A BASIC IDENTIFICATION DATA                                                                                                                 | and the control of th | uma de tarre, la culte de la colonia.<br>La trada de la colonia del colonia d |
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| 2. Enter the information requested for the following:                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| • Each promoter of the issuer, if the issuer has been organized within the past five years:                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition                                                | n of, 10% or more of a class of equity secu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ities of the issuer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Each executive officer and director of corporate issuers and of corporate general and ma                                                    | anaging partners of partnership issuers: a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Each general and managing partner of partnership issuers.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer                                                                     | r Director General and/or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer                                                                 | Managing Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Full Name (Last name first, if individual) VTEC Technologies, Inc.                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 250 Hammond Pond Parkway, 201 South Bldg., Chestnut Hill, MA 02467 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer                                                                     | r 🔽 Director 🗌 General and/or<br>Managing Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Full Name (Last name first, if individual) Housman, Jeanne                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer                                                                       | r 🗹 Director 🗌 General and/or<br>Managing Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Full Name (Last name first, if individual) Olson, Fred                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 26261 Evergreen Road, Southfield, MI 48076                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer                                                                       | r / Director General and/or<br>Managing Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Full Name (Last name first, if individual) Kowai, Jan                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer                                                                       | r 📝 Director 🔲 General and/or<br>Managing Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Full Name (Last name first, if individual) Housman, Mark                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Check Box(es) that Apply: Promoter Beneficial Owner Sxecutive Officer                                                                       | er Director General and/or<br>Managing Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Full Name (Last name first, if individual)                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer                                                                       | or Director General and/or<br>Managing Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Full Name (Last name first, if individual)                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (Use blank sheet, or copy and use additional copies of this                                                                                 | s sheet, as necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| (1) (m. 2)<br>(1) (k. 1)<br>(4) (k. 1) | Company of the second |                                               |                                              | a di Arabania<br>Marabania                  | <b>B.</b> I.                                | NFORMATI                                                                    | ON ABOU                                     | T OFFERI                                     | <b>VG</b>                                   | ESSEES, ESP<br>SEESSESSES             | t de rigge d'Un<br>autremanier          | ar see Alg<br>History                 | 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
|----------------------------------------|-----------------------|-----------------------------------------------|----------------------------------------------|---------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|---------------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------|
| 1.                                     | Une the               | iccuer col                                    | d or done th                                 | ha issuar ir                                | stand to so                                 | II, to non-a                                                                | oomaditad i                                 |                                              | this offsui                                 |                                       |                                         | Yes                                   | No                                        |
| 1.                                     | Has inc               | 133461 3011                                   | i. or does t                                 |                                             |                                             | Appendix,                                                                   |                                             |                                              |                                             | -                                     |                                         |                                       | ×                                         |
| 2.                                     | What is               | the minim                                     | ium investn                                  |                                             |                                             | pted from a                                                                 |                                             |                                              |                                             |                                       |                                         | s 10,0                                | 00.00                                     |
|                                        |                       |                                               |                                              |                                             |                                             |                                                                             |                                             |                                              |                                             |                                       |                                         | Yes                                   | No                                        |
| 3.                                     |                       |                                               |                                              |                                             |                                             | le unit?                                                                    |                                             |                                              |                                             |                                       |                                         |                                       | ×                                         |
| 4.                                     | or state:             | sion or sim<br>son to be lis<br>s, list the n | ilar remune<br>ted is an as:<br>ame of the b | ration for s<br>sociated pe<br>broker or de | solicitation<br>rson or age<br>caler. If mo | who has bee<br>of purchase<br>ent of a brok<br>ore than five<br>on for that | ers in conne<br>er or deale<br>c (5) persor | ection with<br>r registered<br>is to be list | sales of sec<br>I with the S<br>ed are asso | curities in th<br>EC and/or           | ne offering,<br>with a state            |                                       |                                           |
| Ful                                    | l Name (              | Last name                                     | first, if ind                                | ividual)                                    |                                             |                                                                             |                                             |                                              |                                             |                                       |                                         |                                       |                                           |
| Bus                                    | siness or             | Residence                                     | Address (N                                   | lumber and                                  | d Street, C                                 | ity, State, Z                                                               | lip Code)                                   |                                              |                                             | · · · · · · · · · · · · · · · · · · · |                                         |                                       |                                           |
| Nai                                    | ne of As              | sociated B                                    | roker or De                                  | aler                                        |                                             |                                                                             |                                             |                                              |                                             |                                       |                                         |                                       |                                           |
| Sta                                    | tes in Wi             | nich Persor                                   | Listed Ha                                    | s Solicited                                 | or Intends                                  | to Solicit I                                                                | Purchasers                                  |                                              |                                             |                                       |                                         |                                       |                                           |
|                                        | (Check                | "All State:                                   | s" or check                                  | individual                                  | States)                                     |                                                                             |                                             |                                              |                                             |                                       | *************************************** | ☐ AI                                  | l States                                  |
|                                        | AL                    | AK                                            | AZ                                           | AR                                          | CA                                          | CO                                                                          | CT                                          | DE                                           | DC                                          | FL.                                   | GA                                      | HI                                    | ID                                        |
|                                        | IL                    | IN                                            | IA                                           | KS                                          | KY                                          | LA                                                                          | MS                                          | MD                                           | MA                                          | MI                                    | MN                                      | MS                                    | MO                                        |
|                                        | MT RI                 | NE<br>SC                                      | NV<br>SD                                     | NH<br>TN                                    | NJ<br>TX                                    | NM<br>UT                                                                    | NY<br>VT                                    | NC<br>VA                                     | ND<br>WA                                    | OH<br>WV                              | (OK)                                    | OR WY                                 | PA PR                                     |
|                                        |                       | <u> </u>                                      | [30]                                         |                                             | <u> </u>                                    |                                                                             | <u> </u>                                    |                                              | <u>w</u> A                                  | <u> </u>                              |                                         | VY I                                  |                                           |
| Ful                                    | l Name (              | Last name                                     | first, if ind                                | ividual)                                    |                                             |                                                                             |                                             |                                              |                                             |                                       |                                         |                                       |                                           |
| Bus                                    | siness or             | Residence                                     | Address (                                    | Number an                                   | d Street, C                                 | City, State, 2                                                              | Zip Code)                                   |                                              | ······································      |                                       |                                         |                                       |                                           |
| Nai                                    | ne of As.             | sociated B                                    | roker or De                                  | aler                                        |                                             |                                                                             |                                             |                                              |                                             | <del></del>                           |                                         |                                       |                                           |
| Sta                                    | tes in Wi             | nich Person                                   | Listed Ha                                    | s Solicited                                 | or Intends                                  | to Solicit l                                                                | Purchasers                                  |                                              |                                             |                                       |                                         |                                       |                                           |
|                                        | (Check                | "All State                                    | s" or check                                  | individual                                  | States)                                     |                                                                             | ***:****                                    | ************                                 | ••••••                                      |                                       | •••••••                                 | ☐ Al                                  | l States                                  |
|                                        | AL                    | AK                                            | AZ                                           | AR                                          | CA                                          | CO                                                                          | CT                                          | DE                                           | DC                                          | FL                                    | GA                                      | Ш                                     | ĬD                                        |
|                                        | IL                    | IN                                            | ĬA                                           | KS                                          | KY                                          | L,A                                                                         | ME                                          | $\overline{MD}$                              | MΛ                                          | MI                                    | MN                                      | MS                                    | MO                                        |
|                                        | MT                    | NE                                            | NV                                           | [NH]                                        | NJ                                          | NM                                                                          | NY                                          | NC                                           | ND                                          | OH                                    | OK WI                                   | OR                                    | PA                                        |
| =                                      | RI                    | SC                                            | SD                                           | IN                                          | TX                                          | ÜT                                                                          | VT                                          | VA                                           | WA                                          | WV                                    | .WI                                     | WY                                    | PR                                        |
| Ful                                    | l Name (              | Last name                                     | first, if ind                                | ividual)                                    |                                             |                                                                             |                                             |                                              |                                             |                                       |                                         |                                       |                                           |
| Bu                                     | siness or             | Residence                                     | Address (                                    | Number an                                   | d Street, C                                 | City, State, 2                                                              | Zip Code)                                   |                                              |                                             |                                       |                                         |                                       |                                           |
| Nai                                    | me of As              | sociated B                                    | roker or De                                  | aler                                        |                                             |                                                                             |                                             |                                              |                                             |                                       |                                         |                                       |                                           |
| Sta                                    | tes in Wi             | nich Person                                   | Listed Ha                                    | s Solicited                                 | or Intends                                  | to Solicit                                                                  | Purchasers                                  |                                              |                                             | ····                                  | <del></del>                             | · · · · · · · · · · · · · · · · · · · | ····                                      |
|                                        | (Check                | "All State                                    | s" or check                                  | individua                                   | States)                                     |                                                                             | ••••                                        | .,                                           |                                             |                                       |                                         | ☐ Al                                  | 1 States                                  |
|                                        | AL                    | AK                                            | AZ                                           | AR                                          | CA                                          | CO                                                                          | CT                                          | DE                                           | DC                                          | FL                                    | GA                                      | HI                                    | ID                                        |
|                                        | IL                    | IN                                            | IA                                           | KS                                          | KY                                          | LA                                                                          | ME                                          | MD                                           | MA                                          | MI                                    | MN                                      | MS                                    | MO                                        |
|                                        | MT RI                 | NE<br>SC                                      | NV<br>SD                                     | NH<br>TN                                    | NJ<br>TX                                    | NM<br>UT                                                                    | NY<br>VT                                    | NC<br>VA                                     | ND<br>WA                                    | OH<br>WV                              | OK WI                                   | OR<br>WY                              | PR                                        |

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \_\_\_\_\_\_\$ Common Preferred Convertible Securities (including warrants) \$ Other (Specify \_\_\_\_\_\_ \$\_\_\_\_\_ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases s 4,000,000.00 Accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Rule 504 ..... \$ 0.00 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is

|                     | Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        | \$_5,395,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| e<br>c              | ndicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for ach of the purposes shown. If the amount for any purpose is not known, furnish an estimate and heck the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| P                   | Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ] \$                                                   | . [] \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                     | Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ٦.¢                                                    | □ ¢                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                     | Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A<br>O              | Acquisition of other businesses (including the value of securities involved in this aftering that may be used in exchange for the assets or securities of another assets or securities or another assets | _                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                     | Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                     | Vorking capital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                     | Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| C                   | Column Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.00                                                   | \$5,395,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Ţ                   | Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \[ \\$_5                                               | ,395,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Tik-Sagi<br>Siratuk | D. FEDERAL SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nd he familie to de                                    | and the state of t |
| signat              | isuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ture constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ion, upon writte                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Issuer              | (Print or Type) Signature D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ate                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| VTE                 | C Technologies, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14/14                                                  | 12006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                     | of Signer (Print or Type)  Title of Signer (Print or Type)  e Housman  Chief Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

# - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                           | No<br><b>X</b>                         |
|    | See Appendix, Column 5. for state response.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                        |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer bereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature               | Date                                  |
|------------------------|-------------------------|---------------------------------------|
| VTEC Technologies, LLC | Come                    | 14 JULU Z006                          |
| Name (Print or Type)   | Title (Print of Type)   | · · · · · · · · · · · · · · · · · · · |
| Jeanne Housman         | Chief Executive Officer | •                                     |
|                        |                         |                                       |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| nalatories Principal<br>Same same fill<br>Same | mingulari beli beli beli beli beli beli beli bel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                               | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | 4  Type of investor and amount purchased in State (Part C-Item 2) |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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#### APPENDIX 2 3 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price to non-accredited Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) LLC Number of Number of membership interests Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MTNE NV NH NJ NM 4,000,000 NY 4,000,000 0 0 1 NC ND OH. OK OR PA RI SCSD TN TX UT VTVA WA

WV

| 1     |          | 2                                                   | 3                                                                              |                                                                                                          |        | 4                                        |                           | Disqual under St | lification |  |
|-------|----------|-----------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------|------------------------------------------|---------------------------|------------------|------------|--|
|       | to non-a | d to sell<br>accredited<br>is in State<br>3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and explanation (if y explanation) amount purchased in State wait (Part C-Item 2) (Part |        |                                          | amount purchased in State |                  |            |  |
| State | Yes      | No                                                  |                                                                                | Number of<br>Accredited<br>Investors                                                                     | Amount | Number of<br>Non-Accredited<br>Investors | Amount                    | Yes              | No         |  |
| WY    |          |                                                     |                                                                                |                                                                                                          |        |                                          |                           |                  |            |  |
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